

# Intent to Enroll

**PLEASE RETURN THIS FORM NO LATER THAN MAY 1, 2003**, to the Guaranteed Education Tuition Program, P.O. Box 43450, Olympia, WA 98504-3450, or fax it to us at (360) 704-6200.

**★ Failure to return this form by the date indicated may result in a delay in payment.**

## Account Information

|                           |  |
|---------------------------|--|
| <b>GET Account Number</b> |  |
|---------------------------|--|

|                         |                               |                       |
|-------------------------|-------------------------------|-----------------------|
| <b>Purchaser's name</b> | <b>Social security number</b> | <b>E-mail address</b> |
|                         |                               |                       |

## Beneficiary Information

|                                      |                               |                                      |
|--------------------------------------|-------------------------------|--------------------------------------|
| <b>Student's name</b>                | <b>Social security number</b> | <b>E-mail address</b>                |
|                                      |                               |                                      |
| On-campus mailing address            |                               |                                      |
|                                      |                               |                                      |
| City                                 | State                         | Zip                                  |
| Daytime Phone (area code and number) |                               | Evening Phone (area code and number) |

## School Information

|   |       |     |
|---|-------|-----|
| <b>Name of school and address</b>   |       |     |
| Name  |       |     |
| Address   |       |     |
| City  | State | Zip |
| <b>Check one:</b><br><input type="checkbox"/> 4 yr. In-State Public Inst. <input type="checkbox"/> In-State Private Inst. <input type="checkbox"/> Trade/Vocat./Tech. Inst.<br><input type="checkbox"/> 2 yr. In-State Public Inst. <input type="checkbox"/> Out-of-State Inst. <input type="checkbox"/> Other_____ |       |     |
| <b>Beneficiary will begin studies in the</b><br><input type="checkbox"/> Fall quarter/semester <input type="checkbox"/> Winter quarter <input type="checkbox"/> Spring quarter/semester <input type="checkbox"/> Summer<br><input type="checkbox"/> 2003 <input type="checkbox"/> 2004                              |       |     |

### INFORMATION RELEASE

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned Account Owner and Beneficiary *authorize the **Guaranteed Education Tuition Program** and the school listed above to disclose to each other personally identifiable information, including the Beneficiary's Social Security Number and any other account information necessary to make payment arrangements with the institution you have chosen.* The undersigned certify that the information provided on this form is true and correct to the best of their knowledge and belief. The undersigned understand that non-qualified distributions may be subject to a penalty and/or federal income tax on the earnings.

|                                  |             |                                    |             |
|----------------------------------|-------------|------------------------------------|-------------|
| <b>Signature of Purchaser</b>    |             | <b>Signature of Beneficiary</b>    |             |
|                                  |             |                                    |             |
| <b>Printed name of Purchaser</b> | <b>Date</b> | <b>Printed name of Beneficiary</b> | <b>Date</b> |
|                                  |             |                                    |             |

